

PRINTED: 11/19/2015
FORM APPROVED

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7N3003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 11/18/2015
NAME OF PROVIDER OR SUPPLIER LAUGHLIN HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 801 E MCKEE ST GREENEVILLE, TN 37743		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N1411	<p>1200-8-6-.14(2)(a)5.(iii) Disaster Preparedness</p> <p>(2) Physical Facility and Community Emergency Plans.</p> <p>(a) Physical Facility (Internal Situations).</p> <p>5. Each of the following disaster preparedness plans shall be conducted annually prior to the month listed in the plan. Drills are for the purpose of educating staff, resource determination, testing personnel safety provisions and communications with other facilities and community agencies. Records which document and evaluate these drills must be maintained for at least three (3) years.</p> <p>(iii) Bomb Threat Procedures Plan, to be exercised at any time during the year:</p> <p>(i) Staff duties by department and job assignment; and,</p> <p>(ii) Search team, searching the premises.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to exercise bomb threat drills annually.</p> <p>The findings include:</p> <p>Interview and record review with the administrator, on 11/18/15 at 9:50 AM confirmed the facility failed to perform bomb threat drills annually.</p> <p>This finding was verified and acknowledged by the administrator and staff during the exit conference on 11/18/15.</p>	N1411	<p>1200-8-6-.14(2)(a)5.(iii) N1411 Disaster Preparedness</p> <p>REQUIREMENT:</p> <p>(2) Physical Facility and Community Emergency Plans.</p> <p>(a) Physical Facility (Internal Situations)</p> <p>5. Each of the following disaster preparedness plans shall be conducted annually prior to the month listed in the plan. Drills are for the purpose of educating staff, resource determination, testing personnel safety provisions and communications with other facilities and community agencies. Records which document and evaluate these drills must be maintained for at least three (3) years.</p> <p>(iii) Bomb Threat Procedures Plan, to be Exercised at any time during the year:</p> <p>(i) Staff duties by department and job assignment; and,</p> <p>(ii) Search team, searching the premises.</p> <p>POC:</p> <ol style="list-style-type: none"> 1. No residents were directly identified in the survey as being affected in this citation. 2. No residents have the potential to be affected by this citation. 3. A Bomb Threat Drill will be conducted by December 18, 2015 and then annually to ensure compliance. 4. A Bomb Threat Drill will be added to the list of annual Disaster Drills and will be monitored by the Administrator for compliance. <p style="text-align: right;">December 18, 2015</p>	

Division of Health Care Facilities

LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVES SIGNATURE

TITLE

(X6) DATE

STATE FORM

491

491H21

12/07/15
If continuation sheet 1 of 2